



VOLUNTEER APPLICATION

Name (Legal): _____
(First) (Middle) (Last)

Address: _____

City/State: _____ Zip Code _____

Cell Phone: _____ E-mail: _____

Birthdate: _____ Employment: _____

School (If Applicable): _____ Grade: _____

What previous experience, if any, do you have in working with children/youth?
Identify the type of work, the organization, and dates/time-frame of service.

Please share, in a couple of paragraphs, why you want to work with kids at The Bridge.
Please include how your faith system plays a role in your life and your desire to
volunteer here.



Have you ever been convicted of or plead guilty to a crime?

- Yes
- No

If yes, please provide the dates and an explanation of the crime

Do you have a church affiliation?

- Yes
- No

If yes, which church do you attend?

As a volunteer, do you agree to the mission of The Bridge Youth Center? Do you agree to the volunteer responsibilities and qualifications? Furthermore, do you accept that in order to serve as a volunteer you must provide The Bridge Youth Center with a valid driver's license so that you may be approved by the State of Michigan and The Bridge prior to serving? Should you be accepted as a volunteer, do you accept that your services may be terminated for failure to perform in a way that enhances the ministry of The Bridge Youth Center?

- Yes
- No

Name: _____

Signature: _____ Date: _____